

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. **JA111252**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>		
NAME (LAST - FIRST - M.I.) <b>GLIM, BRIAN A</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>2701 W 68TH ST</b> <b>CITY</b> <input checked="" type="checkbox"/> <b>CHICAGO</b> <b>STATE (If outside Chicago)</b> <input type="checkbox"/>		
STAR NO. <b>15597</b>	POSITION <b>POLICE OFFICER</b>	<b>LOCATION CODE</b> <b>BEAT OF OCCURRENCE</b> <b>233-HOSPITAL BUILDING/GROUNDS</b> <b>0831</b> <b>DATE OF OCCURRENCE</b> <b>TIME</b> <b>DAY OF WEEK</b> <b>10-JAN-2017</b> <b>22:09:00</b> <b>TUESDAY</b>		
DATE OF APPOINTMENT <b>27-MAR-2006</b>	EMPLOYEE NO. [REDACTED]			
UNIT OF ASSIGNMENT <b>008</b>	BEAT/CALL NO. <b>0863A</b>			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB [REDACTED]		
HEIGHT <b>601</b>	WEIGHT <b>175</b>	<b>NO. OF OFFICERS BATTERED</b> <u>1</u> <b>WERE THERE ASSISTING UNITS ON SCENE?</b> 1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO <b>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)?</b> <u>6</u>		
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>				
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u> <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER				
<b>TYPE OF ACTIVITY</b>				
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER  <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input type="checkbox"/> B. VEHICLE  <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT  <b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
<b>OFFENDER INFORMATION</b>				
<b>SEX</b> <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		<b>RACE</b> <b>BLACK</b>		<b>DOB</b> <b>15-APR-1989</b>
<b>CB NO.</b> <b>19421060</b>		<b>IR NO.</b> [REDACTED]		
<input checked="" type="checkbox"/> K. OTHER		<b>WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?</b> <input type="checkbox"/> 1. YES <b>GANG RELATED?</b> <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN		
<b>TYPE OF INJURY TO OFFICER</b>				
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<b>NO. OF OFFENDERS PRESENT?</b> <u>1</u>		
<b>LIGHTING CONDITIONS AT INCIDENT</b>				
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input checked="" type="checkbox"/> 2. GOOD		<b>WEATHER CONDITIONS</b> <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		
<b>APPROXIMATE OUTDOOR TEMPERATURE:</b> <u>29 °F</u>				

**R/O TRANSPORTED ABOVE COMBATIVE ARRESTEE ON CFD AMB#58. SUBJECT BECAME COMBATIVE TOWARDS R/O'S AND HOSPITAL STAFF INSIDE THE E.R. OF HOLY CROSS HOSPITAL AFTER R/O'S UNCUFFED ABOVE SUBJECT AND ATTEMPTED TO PUT ABOVE SUBJECT INTO RESTRAINTS ON THE HOSPITAL GURNEY. ABOVE SUBJECT REFUSED R/O'S VERBAL COMMANDS, BECAME COMBATIVE AND PULLED AWAY FROM R/O'S AND ATTEMPTED TO KICK R/O'S AND HOSPITAL STAFF ONSCENE AND WOULD NOT LET R/O'S AND STAFF RESTRAIN HIM. R/O HAD TO DRIVE STUN ABOVE SUBJECT MULTIPLE TIMES UNTIL HE COMPLIED WITH R/O'S AND HOSPITAL STAFF VERBAL COMMANDS AND COULD BE PLACED INTO HOSPITAL GURNEY RESTRAINTS.**

REPORTING MEMBER - SIGNATURE  
GLIM, BRIAN A

STAR NO.  
15597

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
MACIEJEWSKI JR, JOHN A  
321